formulations of price control to small scale units;

(c) whether it is also a fact that Kelkar Committee informed his Ministry about these facts before making recommendations;

(d) if so, on what basis his Ministry agreed for shifting of category of drugs which are used for National Hsalth Programme; and

(e) what steps his Ministry is taking to rectify the position in the consumer's interest and the objectives announced in the Policy statement of December, 1986?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) The Kelkar Committee recommended exemption on the basis of sales turnover only.

(c) No such communication was received in the Ministry.

(d) The basis on which the Ministry of Health and Family Welfare recommended the shifting of Rifampicin and paracetamol from Category I of the Drug Price Control Order, 1987 was as follows:—

Rifampicin: Reclassification was recommended to promote manufacture of the drug from the basic stage by fermentation technique.

Paracetamol: Exclusion from category I was recommended as the drug is basically anti-pyretis|analgesic and not an antimalarial.

The remaining 3 drugs viz. Oral Rahydration Salts, Sodium Sulphacetamide Drops, Timolol Maleats were excluded from Category I of the Drugs Pices Control Order by the Department of Chemicals and Petrochemical and the Kelkar Committee. The Ministry of Health and F.W. had not sent any recommendation for the re-classification or exclusion of these drugs.

(e) The Ministry of Health and Family Welfare had set up an export committee to review the listing of Category I drugs. The report of the Committee is under examination.

Representatives of Health Ministry in Kelkar Committee

1779. SHRI DHARANIDHAR BASUMATARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry was represented in Kelkar Commitee;

(b) if so, the details in this regard;

(c) whether it is a fact that His Ministry did not give to the Kelkar Committee the auhority to comment on their behalf;

(d) if so, the reasons therefor;

(e) if not, what are the reasons based on which Kelkar Committee referred about certain drugs for the advice of his Ministry and not taken the opinion of experts of his Ministry;

(f) whether it is also a fact that his Ministry is not authorised to comment on Category-II as per policy statement; and

(g) if so, in what manner such a step was taken and who is responsible for the same?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) Dr. H. H. Siddique, Associate Professor of Pharmacology, All India Institute of Medical Sciences, New Delhi and Dr. K. K. Malhotra, Consultant (Retired), Ram Manohar Lohia Hospital, New Delhi were nominated by the Ministry of Health and Family Welfare to the Kelkar Committee.

(c) and (d) The Kelkar Committee was set up by the Ministry of Industry, Department of Chemicals and Petrochemicals and their terms of reference was determined by that Ministry.

(e) References for advice were received from the Department of Chemicals and Petrochemicals. The reasons which may

have prompted them to do so, is not known to the Ministry of Health and Family Welfare.

(f) and (g) As per the policy statement the Ministry of Health and Family Welfare is required to send recommendations for listing of Category I drugs for the various National Health Programmes. The Policy statement does not prevent the Ministry of Health & Family Welfare in sending its opinion when sought regarding drugs listed in Category II of the Drugs Prices Control Order, 1987. The final authority for their categorisation is in any case the Department of Chemicals and Petro-chemicals.

Delay in reimbursement claims by C.G.H.S.

1780. SHRI KAPIL VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the reimbursement and Hospital Section of C.G.H.S. takes unduly long time in disposing of the medical reimbursement claims of non-V.I.P. categories, firstly by keeping them pending for months together and then raising some objections and when those objections are met with, then raising more objections and thereby prolonging cases for months and years;

(b) if so, whether Government have issued any guidelines to ensure prompt disposal of such cases; if so, the details thereof and if not, the reasons therefor; and

(c) whether it is a fact that the Chief Medical Officer of the concerned Section has been incharge there for unduly long period as against normal Government policy followed in this regard; if so, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) All efforts are made to ensure prompt disposal of reimbursement claims of CGHS beneficiaries. Sometimes reimbursement claims are delayed due to non production of requisite information/ documents by the claimants. Guidelines also exist for prompt disposal of such cases. However, implementation of the guidelines will now be closely monitored. The Chief Medical Officer of the concerned Section has completed five years of service and will be considered for transfer in accordance with the guidelines on transfer/ posting of officers under CGHS Organisation.

Research Component of Family Welfare Programme

1781. DR. G. VIJAYA MOHAN REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the research component of Family Welfare Programme; and

(b) what is the amount allotted and the progress made during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) The information is being collected.

Foods samples examined for adulteration

1782. DR. G. VIJAYA MOHAN REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of samples of food examine for adulteration during this year:

(b) what are the foods of daily consupmtion which have been examined: and

(c) what is the percentage of them which have been found adulterated and what action has been taken in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c). As per the information made available by various State Governments and Union Territory Administrations (except Haryana), a total of 129490 samples of various articles of food were examined in the country during the year 1987, out of which 13911 samples were